



U.S. CONGRESSMAN  
**FILEMON VELA TX-34**  
PRIVACY ACT CONSENT FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cellular (optional): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Email: \_\_\_\_\_

A#/SRC#/VA#/Other claim #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Describe the problem and state how you would like Congressman Vela to assist you. (Please attach copies of documents that may be useful to resolving your problem.): \_\_\_\_\_

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I certify, under penalty of perjury, that I provided or authorized all of the information in this privacy release and any document submitted with it to be complete, true and correct. In accordance with the PRIVACY ACT, I hereby give Congressman Filemon Vela and/or specify \_\_\_\_\_ to act on my behalf to obtain and share with Congressman Vela's caseworker ANY INFORMATION NECESSARY TO ASSIST ME WITH THE REQUESTED DISPOSITION OF MY CASE.

\_\_\_\_\_  
Constituent (print name)

\_\_\_\_\_  
Constituent (signature)

This request must be signed by the person needing assistance (or legal guardian) and returned to any of Congressman Vela's district offices:

**Brownsville Office**  
800 N. Expressway 77/83, Suite 9  
Brownsville, TX 78521  
Phone: (956) 544-8352  
Fax: (956) 280-5114

**San Benito Office**  
1390 W. Expressway 83  
San Benito, TX 78586  
Phone: (956) 276-4497  
Fax: (956) 276-4603

**Weslaco Office**  
301 West Railroad St.  
Weslaco, TX 78596  
Phone: (956) 520-8273  
Fax: (956) 520-8277